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CONFIRMATION NO. 4499

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|---|---|----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/539,574  | <b>FILING or 371(c) DATE</b><br>07/28/2005<br><b>RULE</b>   | <b>CLASS</b><br>514              | <b>GROUP ART UNIT</b><br>1609   | <b>ATTORNEY DOCKET NO.</b><br>00005.001262 |                                |
| <b>APPLICANTS</b><br>Shizuo Shiozaki, Fuji-shi, JAPAN;<br>Junichi Shimada, Mishima-shi, JAPAN;<br>Hiroshi Kase, Tokyo, JAPAN;<br>Mayumi Shindo, Dunedin, NEW ZEALAND;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IB03/06455 12/24/2003<br>which claims benefit of 60/509,039 12/27/2002<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>07/21/2006 |   |                                  |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /SAMIRA JM<br>Acknowledged JEAN-LOUIS/<br>Examiner's Signature   | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWINGS</b><br>1   | <b>TOTAL CLAIMS</b><br>9                   | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>FITZPATRICK CELLA HARPER & SCINTO<br>30 ROCKEFELLER PLAZA<br>NEW YORK, NY 10112<br>UNITED STATES  |   |                                  |   |  |                                |
| <b>TITLE</b><br>Use of istradefylline for treating behavioral disorders   |   |                                  |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |